

WARD COUNTY BUILDING PERMIT APPLICATION

DATE: _____

PERMIT NO. _____

PROJECT SUMMARY:		
Project Name:		
Property Location (Legal Description - Lot, Block, Addition):		
Property Address:		
New Construction or Addition to Existing: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing		Existing Use of Property:
Parcel Size (sf):	Parcel No:	Building Footprint (sf):
Number of Stories:		Total Square Footage of Building:
Proposed Use of Property/Building (with square footages of each use if multiple uses):		Number of Off-Street Parking Spaces Required:
		Number of Off-Street Parking Spaces Provided:
PROPERTY OWNER:		
Name:		Daytime Telephone Number:
Mailing Address:		
CONTRACTOR (IF DIFFERENT THAN OWNER):		
Name:		Daytime Telephone Number:
Mailing Address:		License Number:
CONTACT PERSON (FOR PURPOSES OF PROCESSING THIS APPLICATION):		
Name of Contact Person:		Name of Firm, if Applicable:
Mailing Address:		
Daytime Phone Number:	Fax Number:	E-Mail Address:
TO BE COMPLETED BY COUNTY STAFF:		
Zoning District:		
Occupancy Classification:		
Type of Construction: <input type="checkbox"/> I - F.R. <input type="checkbox"/> II - F.R., One-Hour, N <input type="checkbox"/> III - One-Hour, N <input type="checkbox"/> IV - H.T. <input type="checkbox"/> V - One-Hour, N		